

it always had the same appearance, can scarcely charge his memory so far back as that time of his life: we must therefore conclude that the portions of the fœtus which I have described have lived and been developed simultaneously with the individual who bore them, and that there were thus two beings united to one another.

Now how could this take place? Did a part of the fœtus, the remainder of which has disappeared, become attached, during intra-uterine life, to the scrotum, in such a manner as to remain there in the form of a graft?—or can this be the remains of a fœtus which at first passed into the abdomen of another, and then descended by the tunica vaginalis, and has at last worn away from within outwards the envelopes of the scrotum?—or, lastly, have we here a creation, the unaided product, of the testicle? But I desist; these are delicate questions in high physiology and in transcendental anatomy, which I am neither able nor willing to broach till the preparations which suggest them have been submitted to the judgment of the Academy.—*Lond. Med. Gaz.*, March, 1840, from *Gazette Médicale de Paris*, Feb. 15, 1840.

4. *Cases of Twins where one had been long dead.*—The following example of this which occurred to Dr. C. Th. v. SIEBOLD of Dantzig, seems to be confirmatory of the views advanced by Dr. Porter in his interesting article inserted in the early part of this No. (p. 307.)

“An unmarried woman ætat. 25, pregnant for the second time, was delivered of a stout boy at the full time, at 8 in the evening of Sept. 5, 1837. At the edge of the placenta there was a thickened flap of skin about an inch and a half long, and three-quarters of an inch broad, which was connected with the membranes of the ovum; there were no blood-vessels to be seen in this appendage, nor did it seem to be of a fatty nature. As Dr. Siebold did not know what to make of it, and this irregularity of the membranes of the ovum did not seem worth preserving, the afterbirth was put aside. The afterpains continued until 10 o'clock in the morning of the third day, when something protruded from the genitals having the appearance of a longish oval flap of the skin, of a pale colour, but with no perceptible smell of putrefaction; it was $3\frac{1}{2}$ inches long, and $1\frac{1}{2}$ broad. On more accurate examination Dr. Siebold found that it was a fœtus of about four months, squeezed quite flat. Its head was pressed together laterally, with the face turned to the left. The remains of the eyeballs gleamed with a bluish hue through the closed eyelids. The neck and trunk were flattened from before backwards; the ribs and their cartilages were easily distinguished, and not one of the former was broken. The right arm was bent obliquely over the chest, and pressed close to it. The right hand was perfectly formed. The left humerus was extended upwards behind the left side of the face, but the fore arm was lost. The right leg was turned upwards, so that feet and toes could be pretty clearly distinguished; but of the left lower extremity only the femur was left, with the muscles surrounding it. The external male genitals were also distinguishable. On the abdomen there was a remnant of the funis in the form of a flat and narrow ligament three inches and a half long, with the maternal extremity unattached and lacerated. The whole back of the body was as it were corroded, so that in many places the bones of the fœtus were laid bare.

“It was beyond all doubt that this fœtus was the twin brother of the child which had been born alive, and that both germs had been impregnated at the same time. One of the embryos died in the fourth month of its formation, and was gradually compressed against the internal surface of the uterus. The peculiar flap on the membranes of the child born at its full time may possibly have been the relics of the membranes belonging to the ovum of the fœtus which perished. Dr. Siebold is very sorry that he did not make a preparation of it. He doubts this being a case of superfetation, indeed he doubts the possibility of its occurrence; and is inclined to believe that in most of those instances which are supposed to prove a superfetation, either there were twins,

and one fetus came into the world too soon, or too late; or else the case has been narrated so imperfectly as to prove nothing on either side of the question. So far Dr. Siebold. Dr. Meissner, who reports the above case in *Schmidt's Jahrbücher*, observes that even when both children are born alive and of apparently different ages, it is not a proof of superfetation. He once saw a case where of two children born at the same time one was at the full period, and the other, though born alive, was apparently a seven months child, and weighed only two pounds and a half; yet both had a common placenta and a common chorion, but the amnion was double. This case proves that from some circumstance a twin child may be retarded in its growth. Immediately after this case we find one of the same class where triplets were borne. On the first of April 1838, says G. A. Michaelis, M. P. was prematurely delivered of two boys, both dead; on the 16th of July she was delivered of the third child of the triplet, who was alive and well when the case was reported in *Pfaff's Mittheil*, 1838, Hft. 9 and 10. *Lond. Med. Gaz.* April, 1840.

The following case was communicated to the Westminster Medical Society (Feb. 15th, 1840,) by Mr. STONE.

"Mrs. S., who had borne eight living children and one dead one, became pregnant for the tenth time. Nothing unusual occurred during the progress of gestation, which terminated at the time on which she had calculated. A full-grown child was born soon after commencement of labour. The uterus began to act again in about half an hour, and in the course of a short time a fetus was expelled, of about six months or rather within that period, compressed and flattened, and not appearing to have lately lived, yet it was not putrid, nor had it any of those appearances of desquamation usually found in a fetus which is believed to have remained dead in the uterus, under ordinary circumstances; the placentas followed in a short time, one part, which had contained the healthy fetus, had its usual characteristics; the other part was small, and did not appear to have carried on any of its functions for some time; the vessels were shrunk and bloodless, but the membrane had been whole up to the time of labour, as was indicated by their appearance, as well as by the fact that there had been no vaginal discharge during the pregnancy. In this case the live child proved to be the most wretched idiot Mr. Stone had ever seen.—*Lancet*, Feb. 29, 1840.

5. *Transposition of the Thoracic and Abdominal Viscera, accompanied with an unusual Variety in the Venous System.*—A. M. M. WHINNIE, relates the following curious example of this malformation in a recent No. of the *Lond. Med. Gazette* (April, 1840.)

"The subject was a female about 25 years of age, concerning whose history no particulars could be ascertained. Death was found to have been caused by acute inflammation of the lungs. The body, which was loaded with fat, presented no peculiarity externally.

"Attention was first drawn to the fact that there was misplacement of the viscera, from the complete absence of large intestine on the left side of the abdomen. On examining the right iliac fossa, the colon was found to ascend from a very large cæcum, which was rather more elevated than usual, the situation of its appendix vermiciformis being reversed. The colon ascended in rather a tortuous course, into the right hypochondrium, whence, instead of crossing the epigastric region, it became folded suddenly upon itself, and descended close to the inner side of the ascending portion, to form a very extended sigmoid flexure. The large intestine being thus confined to the right side of the abdomen, was of about its usual length, and finally pursued its course along the middle line of the sacrum.

"The stomach was situated very obliquely; the larger extremity occupying the right hypochondrium, and the organ was curved to such an extent that its two orifices were very nearly approximated; the cardiac opening being placed a little to the right of the pyloric.

The duodenum descended first, a little obliquely, towards the right of the